Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5-23-2007</u>	Address:	24710 IDLEWILD
Case #:	<u>24F28325</u>		ELKHART, IN 46561
County:	<u>ELKHART</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all the Lithium Lithium Red Photo Flamma Mater Romand Lithium Lithium Red Photo Flamma Mater Romand Lithium Lithium Lithium Red Photo Flamma Red Photo Flamma Lithium Red Photo Flamma Lithium Red Photo Flamma Lithium Red Photo Flamma Lithium Red Photo Flamma Red Photo Flamm	nd: Location (bedroom, kitchen, open ainst apply) J'Ammonia Reaction(s): GARAGE Disphorous/Iodine Reaction(s): Lible Solvents: GARAGE Reactive Metal (Lithium): GARAGE Dous Ammonia: Lible Acid Gas Generator(s): Live Acid: GARAGE Live Base: GARAGE Lithium (s): Lithium (s):	ir, ctc)	
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agent		Investigative Information Ephedrine/Pscudoephedrine Tracking Log Retail/Merchant Tip Other:	
	ment: <u>CONCORD TOWNSHIP</u>	-	
_	artment: ELKHART CT.	Fax: <u>574-875-7687</u> Fax: <u>(574) 295-6186</u>	
Child Protection Service: N/A		Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: JASON FAULSTICH Phone 1-800-552-2959			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.